

Name in Full

Certificate of Death

Philip G. Bayley

Died at

Cardiff

County

Haitford

MARYLAND

Date 18

1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 7

Age

61

Maryland

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Sarah J. Drason

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Malaria following

Death

Immediate

Pneumonia

How long sick

9¹³~~Accident, Suicide, Homicide~~

Reported by

R. Warren Ramsey

Address

Orla. Pg.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



James Bevard

Town

County

Died at

Upper Roads

Harford

MARYLAND

Date 1904

Month

Day

Y.

M.

D.

Native of

Occupation

May 11

Age

81 3 11

Ind

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Jemima Shutt

Father's

Name

George Bevard

Mother's

Maiden Name

Mary Wallace

Cause of

Primary

Death

Immediate

154

How long sick

2 days

Accident, Suicide, Homicide

Reported by

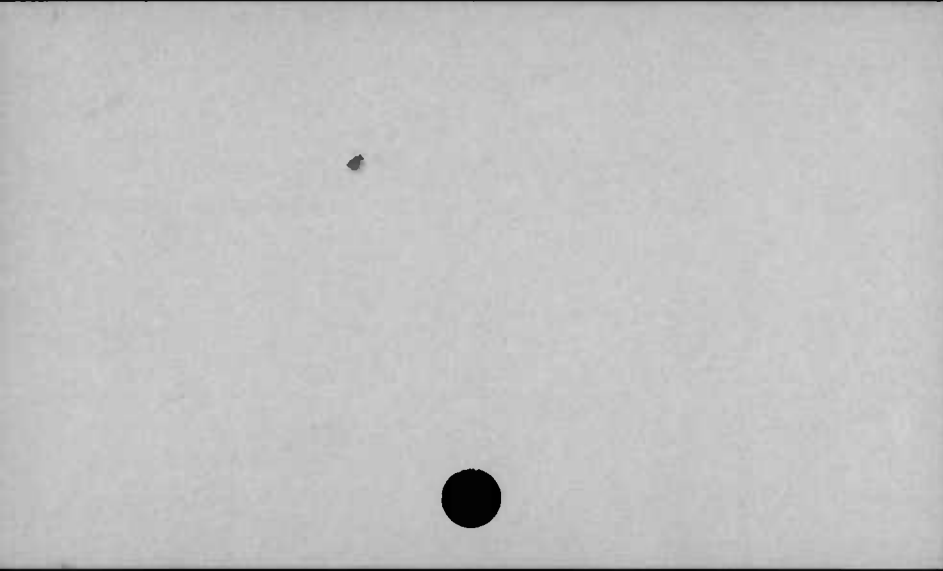
E. J. Hurty and Parker

Address

Larrettville

Harford Co Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Almond B. Bull
 Town County

Died at *Chesnut Hill* *Hanford* MARYLAND

Date 19 *02* *May* *28* Age *29* *Hanford* *Hanford*
 Male *White* *Married* *Widowed* *Widowed* *Widowed*
 Female *Colored* *Single* *Widowed* *Widowed* *Widowed*
 Number of children living *0*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Catherine E Cretcher

Died at ^{Town} *Abundum* ^{County} *Harford* MARYLAND

Date	19	02	Month	Day	Age	Y.	M.	D.	Native of	Occupation
			5	29	73	-	-	-	Baltimore	Housewife
Male			White		Married		Widow		Divorced	
Female			Colored		Single		Widower		Number of children living	
									7	

Husband of *Francis C Cretcher*

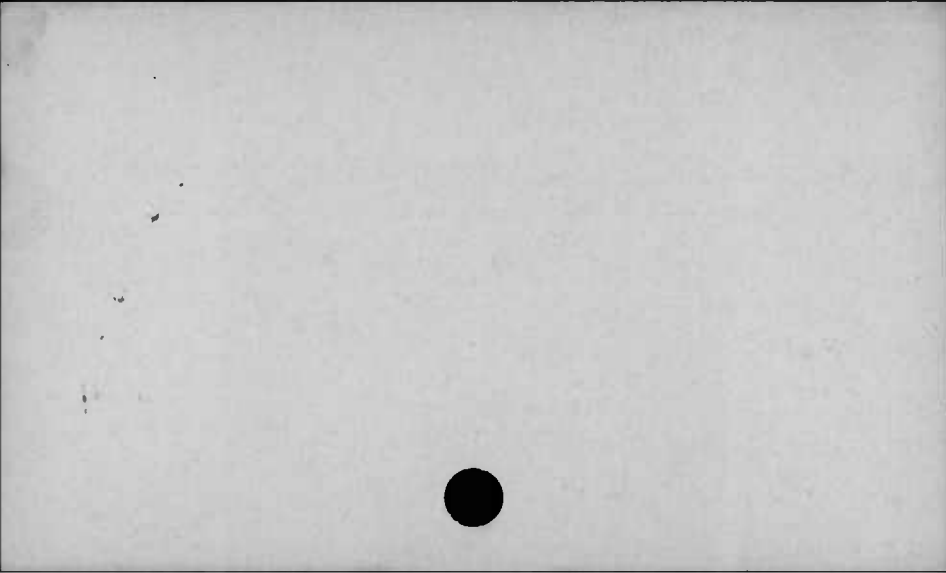
Father's Name	Mother's Maiden Name
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Cause of Death	How long sick
Primary <i>Disease natural cause</i>	<i>3 mo.</i>
Death <input checked="" type="checkbox"/> Immediate	Accident, Suicide , Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Arthur Smith Edie

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 5 16

Age

61 8 22

Pennsylvania Farming

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 7

Husband

of

Wife

Father's

Name

Cause of

Primary

Malaria Rheumatism

Death

Immediate

Drowning

Mother's

Name

Susan Edie

How long sick

7 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

This is the kind of cer-
tificate the physician
must fill out before
you can issue permit
see Memoranda

Name in Full

Certificate of Death

David H. Heaps.

Town

Prospect

County

Harford County

MARYLAND

Died at

Date 1902

Month

May 17

Day

Y.

Age 76

M.

D.

Native of

Occupation

American Carpenter

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living one

Husband

of

Elizabeth Heaps.

Wife

Father's

Name

Mother's

Maiden Name

1720

Cause of

Primary

Bright's disease

Death

Immediate

Heart failure

How long sick

3 months

Accident, Suicide, Homicide

Reported by

A. Steward M.D.

Address

Delta

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

MARYLAND

Date 1902

Month Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~Wife~~

Married

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband
of~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

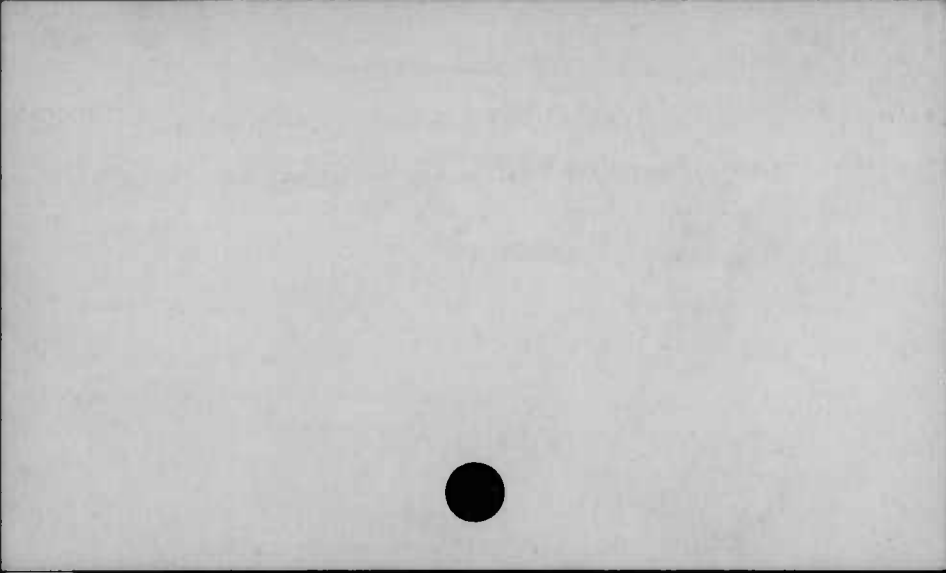
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 72003



Name in Full *Silas W. Hollingsworth*
 Town *Wilma* County *Harford Co* MARYLAND
 Died at *Wilma*
 Date 189*02* Month *5* Day *5* Age *66* Y. *5* M. *14* D. *14* Native of *Harford* Occupation *Farmer*
 Male *1* White *1* Married *1* Widower *X* Divorced *1* Number of children living *1*
 Female *1* Colored *1* Single *1* Widower *1* Divorced *1*
 Husband of *Olivia Lewis*
 Wife of *Nathaniel* Mother's Name *Mary Warner*
 Cause of Death { Primary *Mitral Insufficiency* Immediate *Same* How long sick *Immediate*
 Death { Immediate *Same* Accident, Suicide, Homicide
 Reported by *C. A. Hollingsworth* 79
 Address *Bel Air Md*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Benjamin Hooker ✓

Town

County

Died at

Hickory

Harford

MARYLAND

Month / Day

Y

M.

D.

Native of

Occupation

Date 189 1902 May 31

Age 14

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Henry Hooker

Name

Sarah Hooker

Cause of

Primary

Pneumonia

How long sick

4 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

F. L. S. Hughes

Address

Gibson

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph Edward Huff

Town

County

Harford

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 3

Age

6 19

Md

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

J. E. Huff

Mother's

Maiden Name

Mary A. Larkburn

Cause of

Primary

Dysentery

How long sick

4 days

Death

Immediate

105

Accident, Suicide, Homicide

Reported by

L. A. Rutledge M.D.

Address

Rutledge

Harford Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79958



Eva Johnson

Town

County

Died at

Bel Air

Harford

MARYLAND

Date 1902 May 26

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 May 26

Age

16

Bel Air, Md. housemaid

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Charles Johnson

Mother's

Name

Alice Collins Johnson

Cause of

Primary

Acute Pulmonary Tuberculosis. 3 months

How long sick

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

A. F. Van Bibber, M.D.

Address

Bel Air, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Monroe Johnson

Town

County

Died at near Ardern

Stanford

MARYLAND

Date	1902	Month	5	Day	17	Age	40	Y.	M.	D.	Native of	Maryland	Occupation	Farmer
Male		White		Married		Widow		Divorced			Number of children living	✓		
Female		Colored		Single		Widower								

Husband of Susan C Johnson

Wife of George Johnson

Mother's

Maiden Name

Cornelia Johnson

Cause of Primary Probably Chills

How long sick

Death Immediate accident

Accident, Suicide, Homicide

Reported by J. H. Kennedy

Ardern Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Married~~

Single

~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~

Mother's

Maiden Name

How long sick

Accident, ~~See page 101~~



Name in Full

Certificate of Death

Dorcas Ann Kell

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5-

24

Age

Md.

Homemaker

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5-

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

1 year

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Nama in Full

Certificate of Death

Name *Joseph Leet*
 Died at *Deer Creek* Town *Harford* County *MARYLAND*
 Date *1902 May 2* Month *May* Day *2* Y. *70* M. D. Native of *Maryland* Occupation *Blacksmith*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Widowed ☒ Single ☐ Widower ☐ Number of children living *—*
 Husband of *Mary Whitaker — O'Pense*
 Father's Name Mother's Name
 Cause of Death { Primary *apoplexy* Immediate *"* *lost* How long sick *died immediately*
~~Accident, Suicide, Homicide~~
 Reported by *Ephw Hopkins M D*
 Address *Darlington*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Met. J. now
May 1st

Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

02 May 1912

Age

72

Harford Black Mt

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

of

Beard Lee

Mother's

Maiden Name

let

Primary

Immediate

How long sick

Three days.

Accident, Suicide, Homicide

Dr. H. C. Arthur

Mill Creek Md



Name in Full

Certificate of Death

Robert A. Lee

Town

County

Died at

Abingdon

Hartford

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1892

May 31

Age

58

Maryland

Railroader

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widow~~

Number of children living

five

Husband

of - Coaling

Wife

Father's

Name

Emanuel Lee

Mother's

Name

19

Cause of

Primary

Cardiac Enlargement

How long sick

four weeks

Death

Immediate

Rupture of compensation

~~Accident, Suicide, Homicide~~

Reported by

R. Opperman, M.D.

Address

Abingdon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85088

1942

1943

1944

1945

1946

1947



Name In Full

Certificate of Death

Annice Tefles

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

5 1

Age

87. 7. 15

Germany Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

one

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Age

How long sick

2 Yrs

Death

Immediate

Concussal Debility

Accident, Suicide, Homicide

Reported by

Dr. R. H. Smersh

Address

Keweenaw Trace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Samuel Hopkins Matthews

Town

County

Died at

Near Darlington Harford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5

7

Age

78

Maryland

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living Three

Husband of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

Ruth Hannah Matthews

Joshua

Mother's

Maiden Name

Mary Hopkins

How long sick

Four days

~~Accident, Suicide, Homicide~~

Reported by

Address

Pro. Darlington Md.



Linn C. Stewart

Town

County

Died at

Conowingo

Stearford

MARYLAND

Date 19 *02* Month *5* Day *30* Age *34* Y. *"* M. *"* D. *15* Native of *U.S.* Occupation *H. wife*

Male White Married Widow Divorced
Female Colored Single Widower Number of children living *2*

Husband of

Wm Stewart

Wife

Father's

Name

Mother's

Maiden Name

Jno A Ritchie Amanda J. Alexander

Cause of

Primary

Pneumonia

Death

Immediate

Heart Failure

How long sick

11 days

~~Accident, Suicide, Homicide~~

Reported by

S M Rogan M.D.

Address

Conowingo

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Daniel A. Whitson

Town

County

MARYLAND

Died at Fallston Harford

Date 1902 May 31

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 May 31

Age 83

Maryland Farmer

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

4

~~Female~~~~Colored~~~~Single~~~~Widower~~

Husband of Elizabeth Whitson

Father's Name Joseph Whitson

Mother's

Name

154

Cause of Primary Old age

How long sick

One Year

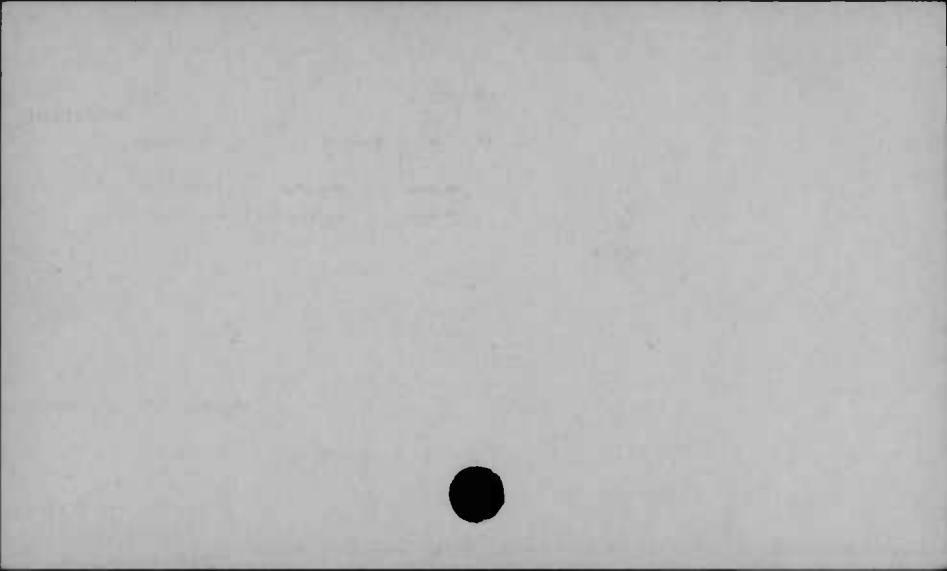
Death Immediate Heart failure

~~Heart failure~~

Reported by Geo. W. Davis M.D.

Address Pleasantville Harford Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Mary S Wilson*

Town *Darlington* County *Harford* MARYLAND

Died at

Date *1902* Month *May* Day *28* Y. *75* M. *9* D. *5* Native of *md* Occupation *Housewife*

~~Male~~ ☒ White ☐ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *5*

Husband of *David E Wilson*

Wife

Father's Name *Issac Wilson* Mother's Maiden Name *Abby Smith*

Cause of Death { Primary *Paralysis* Immediate *General debility* } How long sick *10 days*

Accident, Suicide, Homicide

Reported by

Address

W B Kirk

Darlington md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

